

Name: _____

Individualized Plan for Employment (IPE) - Community Services

Services	Where will I get them?	Who will pay for them?	Services start & end dates
Treatment <input type="checkbox"/> Get treatments to improve my ability to work (TR-MT) <input type="checkbox"/> Get prescribed medications (TR-D)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	
Post Secondary Training <input type="checkbox"/> Obtain an associate degree needed for certification, licensure, or hire in my job goal. (PST-TT) <input type="checkbox"/> Obtain a certificate or diploma needed for certification, licensure, or hire in my job goal. (PST-TT) <input type="checkbox"/> Obtain a bachelor's degree needed for certification, licensure, or hire in my job goal. (PST-CT) <input type="checkbox"/> Obtain a _____ degree needed for certification, licensure, or hire in my job goal. (PST-CT)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	
Miscellaneous Training <input type="checkbox"/> Learn English. (MT-BA/LT) <input type="checkbox"/> Receive adult basic education. (MT-BA/LT) <input type="checkbox"/> Obtain a GED. (MT-BA/LT) <input type="checkbox"/> Learn a specific skill (such as how to drive, keyboarding, sign language, etc.). (MT-SB) <input type="checkbox"/> Understand how different options for going to work will affect my federal and state benefits. (MT-BA) <input type="checkbox"/> Understand how to use work incentives to help me go to work. (MT-BA)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	
On The Job Training <input type="checkbox"/> Learn specific job skills from my employer. (OJT-E) <input type="checkbox"/> Learn specific job skills from a skilled job coach. (OJT-JC)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	
Job Readiness Training <input type="checkbox"/> Learn work habits I need in the world of work. (JRT-JRT)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	
Small Business <input type="checkbox"/> Receive help implementing a business plan. (SB-TA) <input type="checkbox"/> Get needed permits and licenses. (SB-LP) <input type="checkbox"/> Get needed tools, equipment, and stocks. (SB-TES) <input type="checkbox"/> Get needed business vehicle. (SB-VIC) <input type="checkbox"/> Get help with initial operating costs. (SB-SUE)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	
Rehabilitation Technology <input type="checkbox"/> Get help identifying modifications. (RT-RE) <input type="checkbox"/> Modify my home. (RT-HM) <input type="checkbox"/> Modify my vehicle. (RT-VM) <input type="checkbox"/> Get help with wheelchairs, crutches, canes and other durable medical goods. (RT-DMG) <input type="checkbox"/> Learn to operate and use assistive devices. (RT-TUT) <input type="checkbox"/> Obtain prosthetics or orthotics. (RT-P)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	

Comments/Responsibilities:
